

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular		<input checked="" type="checkbox"/>	30	03 / 15 / 2018		SHOGUN	
Follow-up				TIME IN	TIME OUT	PERMIT HOLDER	
Complaint	<input checked="" type="checkbox"/>		RATING	9:45 AM	2:45 PM	MCS CORPORATION	
Investigation			C	SANITARY PERMIT NO.		LOCATION (Address)	
Other:				170002067		MANHATTAN PLAZA, TUMON	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
RESTAURANT				5	649-0117	4	3
				No. of Repeat Risk Factor/Intervention Violations			
				0			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Supervision						
1	IN	OUT	Person in charge present, demonstrates knowledge, and performs duties	X		6
Employee Health						
2	IN	OUT	Management awareness; policy present			6
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	IN	OUT	Proper eating, tasting, drinking, betelnut, or tobacco use			6
5	IN	OUT	No discharge from eyes, nose, and mouth			6
Preventing Contamination by Hands						
6	IN	OUT	Hands clean and properly washed			6
7	IN	OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			6
8	IN	OUT	Adequate handwashing facilities supplied & accessible	X		6
Approved Source						
9	IN	OUT	Food obtained from approved source			6
10	IN	OUT	Food received at proper temperature			6
11	IN	OUT	Food in good condition, safe, and unadulterated			6
12	IN	OUT	Required records available: shellstock tags, parasite destruction			6
Protection from Contamination						
13	IN	OUT	Food separated and protected			6
14	IN	OUT	Food contact surfaces: cleaned & sanitized			6
15	IN	OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			6
Potentially Hazardous Food (TCS Food)						
16	IN	OUT	Proper cooking time and temperatures			6
17	IN	OUT	Proper reheating procedures for hot holding			6
18	IN	OUT	Proper cooling time and temperatures			6
19	IN	OUT	Proper hot holding temperatures			6
20	IN	OUT	Proper cold holding temperatures			6
21	IN	OUT	Proper date marking and disposition			6
Consumer Advisory						
22	IN	OUT	Consumer Advisory provided for raw or undercooked foods			6
Highly Susceptible Populations						
23	IN	OUT	Pasteurized foods used; prohibited foods not offered			6
Chemical						
24	IN	OUT	Food additives: approved and properly used			6
25	IN	OUT	Toxic substances properly identified, stored, used			6
Conformance with Approved Procedures						
26	IN	OUT	Compliance with variance, specialized process, and HACCP plan			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Safe Food and Water						
27			Pasteurized eggs used where required			1
28			Water and ice from approved source			2
29			Variance obtained for specialized processing methods			1
Food Temperature Control						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33	X		Thermometer provided and accurate			1
Food Identification						
34	X		Food properly labeled; original container	X		1
Prevention of Food Contamination						
35	X		Insects, rodents, and animals not present			2
36	X		Contamination prevented during food preparation, storage & display	X		1
37	X		Personal cleanliness	X		1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
Proper Use of Utensils						
40	X		In-use utensils: properly stored	X		1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
Utensils, Equipment and Vending						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45	X		Warewashing facilities: installed, maintained, used; test strips			1
46	X		Nonfood-contact surfaces clean			1
Physical Facilities						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52	X		Physical facilities installed, maintained, and clean			1
53			Adequate ventilation and lighting; designated areas use			1
Documents and Placards						
54			Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.		Date: 3/15/18
Person In Charge (Print and Sign)	Sun Hec Kim	Follow-up (Circle one): YES NO
DEH Inspector (Print and Sign)	LEILANI NAVARRO	Follow-up Date: TBD

Department of Public Health and Social Services
Division of Environmental Health

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ESTABLISHMENT NAME SHOGUN		LOCATION (Address) MANHATTAN PLAZA, LOT 5142-1-2 UNIT NOS. 104 & 105 GUAM	
INSPECTION DATE 03 / 15 / 2018	SANITARY PERMIT NO. 170002047	PERMIT HOLDER MST CORPORATION	

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
BEAN SPROUTS / CHILLER #1	43.0		
RAW SALMON / CHILLER #2	39.0		
RAW BEEF / CHILLER #3	33.8		
RAW CHICKEN / CHILLER #4	38.0		
EGG / PREP CHILLER UNDER PREP COUNTER	42.0		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A REGULAR INSPECTION WAS CONDUCTED TODAY IN RESPONSE TO COMPLAINT NO. 18-053B REGARDING A RAT RUNNING ACROSS THE FLOOR INSIDE THE ESTABLISHMENT. SOME EVIDENCE WAS FOUND TO SUPPORT THE COMPLAINT, AND THE FOLLOWING VIOLATIONS WERE OBSERVED:	
1	PERSON-IN-CHARGE (PIC) WITH A MANAGER'S CERTIFICATION WAS NOT PRESENT DURING THE FIRST HOUR OF THE OPERATION. CORRECTIVE ACTION: PIC CAME IN ABOUT AN HOUR AFTER RESTAURANT OPENING. PIC WHO HAS KNOWLEDGE OF FOOD SAFETY PRACTICES SHALL BE PRESENT DURING ALL HOURS OF THE OPERATION TO ENSURE THAT PREVENTIVE MEASURES ARE BEING IMPLEMENTED TO CONTROL THE OCCURENCE OF FOODBORNE ILLNESS.	COS
2	NO EMPLOYEE HEALTH POLICY WAS IN PLACE. EMPLOYEE HEALTH POLICY SHALL BE IN PLACE TO ENSURE EMPLOYEE TRAINING ON REPORTING REQUIREMENTS FOR SICK FOOD HANDLERS.	
6	ONE EMPLOYEE WAS SEEN WASHING HIS HANDS IN THE THREE-COMPARTMENT SINK. HANDS SHALL BE WASHED IN A DESIGNATED HANDWASHING SINK TO PREVENT CONTAMINATION.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) Sun Hee Kim	Date: 3/15/18
DEH Inspector (Print and Sign) LEILANI NAVARRO / VENER RAYMUNDO	Date: 03/15/18

Department of Public Health and Social Services
Division of Environmental Health

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ESTABLISHMENT NAME SHOSUN		LOCATION (Address) MANHATTAN PLAZA, LOT 5142 - 1-2 UNIT NOS. 104 & 105 GUAM	
INSPECTION DATE 03 / 15 / 2018	SANITARY PERMIT NO. 170002067	PERMIT HOLDER MSJ CORPORATION	

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

8	RAW CHICKEN WAS SEEN BEING PREPARED IN THE HANDWASHING SINK IN THE KITCHEN. CORRECTIVE ACTION: PIC WAS INFORMED TO ENSURE THAT THE HAND WASHING SINK IS TO BE USED SOLELY FOR HANDWASHING. CHICKEN WAS REMOVED AND THE SINK WAS WASHED, RINSED, AND SANITIZED. HANDWASHING SINK SHALL NOT BE USED FOR PURPOSES OTHER THAN HANDWASHING TO PREVENT CROSS-CONTAMINATION.	COS
14	EMPLOYEE WAS OBSERVED WASHING A KNIFE WITH SOAP AND WATER, RINSING IT WITH WATER, AND THEN RINSING IT AGAIN WITH SANITIZING SOLUTION FOR A FEW SECONDS IN THE THREE-COMPARTMENT SINK PRIOR TO DRYING. IN ANOTHER INSTANCE, HE WAS SEEN WASHING AND RINSING A TRAY WITHOUT SOAKING IT IN A SANITIZING SOLUTION PRIOR TO DRYING. ^{CHOPPING BOARDS BEING USED HAD} DEEP CUT MARKS AND DISCOLORATIONS/DARK STAINS. FOOD CONTACT SURFACES SHALL BE WASHED, RINSED, AND SANITIZED BY SOAKING THEM IN SANITIZING SOLUTION FOR A LENGTH OF TIME PRESCRIBED IN THE SANITIZER LABEL - IN THIS CASE, NOT LESS THAN ONE MINUTE - TO ENSURE INACTIVATION OF MICROORGANISMS THAT MAY CAUSE FOODBORNE ILLNESS.	
22	CONSUMER ADVISORY WAS NOT PROVIDED FOR STEAK BEING COOKED ACCORDING TO CUSTOMER'S PREFERENCE. CONSUMER ADVISORY SHALL BE PROVIDED FOR RAW OR UNDERCOOKED ANIMAL PRODUCTS BEING SERVED TO CUSTOMERS TO WARN THEM OF THE RISK OF FOODBORNE ILLNESS WHEN CONSUMING SAID FOOD ITEMS.	
33	^{was} FOOD THERMOMETER NOT AVAILABLE FOR USE. FOOD THERMOMETER SHALL BE PROVIDED TO FACILITATE MONITORING OF INTERNAL TEMPERATURES OF FOOD.	
34	SOME FOOD ITEMS IN SERVICE CARTS AND ON KITCHEN COUNTERS WERE NOT IN ORIGINAL CONTAINER AND WERE NOT LABELED. CORRECTIVE ACTION: SAID FOOD ITEMS WERE LABELED.	COS

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) LELANI NAVARRO	Date: 3/15/18
DEH Inspector (Print and Sign) JOSE RAYMUNDO	Date: 03/15/2018

Department of Public Health and Social Services
Division of Environmental Health

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ESTABLISHMENT NAME SHOGUN		LOCATION (Address) LOT 542-1-2 UNIT NOS. 104 & 105, MANHATTAN PLAZA, TUNSON
INSPECTION DATE 03/15/2018	SANITARY PERMIT NO. 170002067	PERMIT HOLDER MST CORPORATION

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	FOOD NOT IN ORIGINAL CONTAINER SHALL BE PROPERLY LABELED TO FACILITATE CORRECT IDENTIFICATION.	
35	SEVERAL FRESH AND DRY RODENT DROPPINGS WERE FOUND INSIDE THE GREASE TRAP ^{CATCHMENT} DRAWERS UNDER SOME GRILLS IN THE DINING AREA. SEVERAL DEAD COCKROACHES WERE SEEN ON ^A GLUE BOARD ^{BEHIND} THE FRONT RECEPTION AREA AND ON THE FLOOR IN THE DRY STORAGE ROOM. SIXTEEN OUTER OPENINGS AND GAPS/VOIDS AROUND ^{DOORS,} PIPES, CEILING, AND FLOORS WERE FOUND THROUGHOUT THE FACILITY. THE EXIT DOOR ABOVE THE STAIRS WAS NOT SELF-CLOSING. PIC PROVIDED PEST CONTROL REPORTS THAT INDICATE THAT EIGHT RODENTS WERE CAUGHT OR SEEN WITHIN THE PAST COUPLE OF MONTHS. BASED ON TODAY'S OBSERVATION AND THE PEST CONTROL REPORTS, IT APPEARS THAT AN ACTIVE RODENT INFESTATION IS PRESENT IN THE FACILITY, WHICH IS CONSIDERED AN IMMINENT HEALTH HAZARD. PESTS SHALL BE CONTROLLED TO PREVENT CONTAMINATION OF FOOD, EQUIPMENT, AND UTENSILS.	
36	SOME SACKS OF RICE WERE STORED DIRECTLY ON THE FLOOR IN THE DRY STORAGE ROOM. CORRECTIVE ACTION: SACKS OF RICE WERE PLACED MORE THAN SIX INCHES OFF THE FLOOR. FOOD SHALL BE STORED AT LEAST SIX INCHES OFF THE FLOOR TO PREVENT CONTAMINATION AND FACILITATE CLEANING.	COS
37	ONE EMPLOYEE WAS FOUND WEARING A BRACELET AND A WATCH WHILE CUTTING ONIONS AND MAKING TUNA SPREAD. CORRECTIVE ACTION: EMPLOYEE REMOVED BOTH BRACELET AND WATCH. WEARING OF JEWELRY SHALL BE MINIMIZED TO PREVENT CONTAMINATION OF FOOD.	COS
40	IN-USE UTENSILS SUCH AS LADLES AND SCOOPERS WERE BEING STORED IN	COS

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) LEITANI NIVANW	Date: 3/15/18
DEH Inspector (Print and Sign) VENER KAYMUNDO	Date: 03/15/18

Department of Public Health and Social Services
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ESTABLISHMENT NAME SHOGUN		LOCATION (Address) LOT 5142-1-2 UNIT NOS. 104 & 105 MANHATTAN PLAZA GUAM	
INSPECTION DATE 03 / 15 / 2018	SANITARY PERMIT NO. 170002067	PERMIT HOLDER MSO CORPORATION	

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	LUKEWARM WATER, ICE SCOOPER BEING STORED TOGETHER WITH ICE, WITH THE HANDLE LAYING FLAT ON THE ICE. CORRECTIVE ACTION: SAID UTENSILS WERE PLACED IN CLEAN, DRY CONTAINERS AND WILL BE WASHED, RINSED, AND SANITIZED EVERY FOUR HOURS.	
	IN-USE UTENSILS SHALL BE PROPERLY STORED TO PREVENT CROSS-CONTAMINATION.	
45	INCORRECT WERE DIAL TEST STRIPS PROVIDED FOR THE HANDWASHING FACILITY. PIC PROVIDED CHLORINE TEST STRIPS WHEN THE SANITIZER BEING USED ^{WAS} WAS QUANT. THE CORRESPONDING TEST STRIP SHALL BE USED FOR THE SANITIZER TO ENSURE CORRECT SANITIZER DILUTION.	
46	INSIDE SURFACES/SHELVES OF SOME CHILLERS, AND DOOR OF A DEEP FREEZER HAD DARK STAINS AND/OR FOOD DEBRIS. NON-FOOD CONTACT SURFACES SHALL BE KEPT CLEAN TO PREVENT CROSS-CONTAMINATION.	
52	WATER ACCUMULATION/POOLING FOUND ON THE FLOOR UNDER THE STAIRS. A FEW LITTER AND GREASE BUILD-UP FOUND ON THE FLOOR UNDER AND BEHIND SOME EQUIPMENT. PHYSICAL FACILITIES SHALL BE KEPT CLEAN TO PREVENT FOOD OR WATER SOURCE FOR PESTS.	
	PICTURES AND VIDEOS OF THE VIOLATIONS WERE TAKEN.	
	SANITARY PERMIT IS HEREBY SUSPENDED DUE TO RODENT INFESTATION, WHICH IS DEEMED AN IMMINENT HEALTH HAZARD.	
	SANITARY PERMIT MAY BE RE-INSTATED ONLY AFTER ALL CITED VIOLATIONS WERE HAVE BEEN CORRECTED, AND THE FOLLOWING ADDITIONAL REQUIRE-	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign)	<i>[Signature]</i>	Date:	3/15/18
DEH Inspector (Print and Sign)	LEILANI NAVARRO <i>[Signature]</i>	Date:	03/15/2018

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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ESTABLISHMENT NAME <u>SITOGUN</u>		LOCATION (Address) <u>LOT 5742-1-2 UNIT NOS. 104 & 105, MANHATTAN PLAZA, TUMON</u>	
INSPECTION DATE <u>03/15/2018</u>	SANITARY PERMIT NO. <u>170002067</u>	PERMIT HOLDER <u>MST CORPORATION</u>	

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

MENTS ARE MET TO ADDRESS RODENT INFESTATION, PURSUANT TO GUAM FOOD CODE SECTION 8-102.10:

1. WRITTEN DOCUMENTATION FROM THE ESTABLISHMENT'S PRIMARY PEST CONTROL COMPANY (PCC) REGARDING THE SERVICE PROVIDED TO INCLUDE NAME OF PESTICIDE USED; NUMBER(S) OF BAITS, TRAPS, AND OTHER METHODS USED; LOCATION OF APPLICATION; OBSERVATIONS OF EACH SERVICE CONDUCTED; AND ANY OTHER RELEVANT INFORMATION NEEDED SHALL BE PROVIDED.

2. WRITTEN DOCUMENTATION FROM THE PCC THAT NO PEST ACTIVITY WAS OBSERVED FOR THREE CONSECUTIVE DAYS SHALL BE PROVIDED.

3. SEAL ALL OPENINGS TO THE FACILITY WITH RODENT-PROOF MATERIALS, SUCH AS METAL, TO PREVENT ACCESS.

4. A WRITTEN CLEANING SCHEDULE THAT INDICATES AREAS TO BE CLEANED AND SANITIZED, HOW IT WILL BE CONDUCTED, AND HOW OFTEN IT WILL BE DONE SHALL BE PROVIDED.

5. CLEAN AND SANITIZE ALL SURFACES PRIOR TO OPERATION.

RETRIEVED "A" PLACARD NO. 01376.

POSTED "NOTICE OF CLOSURE" PLACARD ON THE FRONT DOOR.

ISSUED NOTICE OF CLOSURE LETTER AND RE-INSPECTION REQUEST FORM WITH INSTRUCTIONS.

A \$100 RE-INSTATEMENT FEE SHALL BE PAID TO THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES UPON SUCCESSFUL COMPLETION OF A FOLLOW-UP INSPECTION.

DISCUSSED THIS REPORT WITH SUNJEE KIM, MANAGER.

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) [Signature]

Date: 3/15/18

DEH Inspector (Print and Sign) LETIANI NAVARRO / VENER RAYMUNDO

Date: 03/15/18



GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



EDDIE BAZA CALVO
GOVERNOR

RAY TENORIO
LIEUTENANT GOVERNOR

LEO G. CASIL
ACTING DIRECTOR

Date: 03/15/18

SHOGUN

Name of Establishment

As a result of this inspection your establishment received a:

☐ LETTER OF WARNING

(Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. If we do not receive a written re-inspection request from you, we will conduct a follow-up inspection after ten (10) calendar days from the official receipt of this notice to ensure that corrective measures have been taken.

Failure to correct violations may result in the closure of your establishment pursuant to section 21109(b) of 10GCA, Chapter 21.

☒ NOTICE OF CLOSURE

30/c
(Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. Unlike an establishment who has received a letter of warning, an establishment shall remain closed unless a written request for re-inspection is made. Under 10 GCA Ch. 21 §21109(b), suspension without prior hearing may be imposed until the violation is corrected. You may also request a hearing to the Division of Environmental Health within five (5) calendar days of the date of this notice. When a hearing is requested following a suspension without prior hearing, it shall be discretionary with the Director as to whether the suspension shall be continued pending the hearing.

We look forward to working closely with you as partners in promoting health and sanitary practices on Guam. If you need further assistance, you can reach us at 735-7221 or (fax) 734-5556. Si Yu'us Ma'ase.

Sincerely,
Leo G. Casil
LEO G. CASIL
ACTING Director

Issued By: L. NAYARRO / V. RAYMUNDO
Name of DPHO

Received By: Sun Hee Ki 3/15/18
Establishment Representative